

ERTIFICATE OF LIABILITY INSURANCE

ADEROSIA DATE (MM/DD/YYYY)

HAPPTAI-34

Mourer Foster, Inc 615 N. Capitol Ave. Lansing, MI 48933 Happy Tails Chase Place 4693 Village Court Apt 1 Nashotah, WI 53058 Happy Tails Chase Place 4693 Village Court Apt 1 Nashotah, WI 53058 CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE INSURER NSURE		SURAN	GE	9/21/2023	,
If SUBROGATION IS WAIVED, subject to the terms and conditions of the polic this certificate does not confer rights to the certificate holder in lieu of such endo PRODUCER CONTACT Mourer Foster, Inc PACING 615 N. Capitol Ave. PACING Lansing, Mi 48933 Insurer Happy Tails Chase Place Insurer 4693 Village Court Apt 1 Insurer Nashotah, WI 53058 Insurer THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE AFFORDED BY COVERAGES CERTIFICATE NUMBER: TYPE OF INSURANCE INSURER INSURE TY PFOF INSURANCE INSURANCE CALUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE MAR CLAIMS-MADE CERVIL AGGREGATE LIMIT APPLIES PER:: Nob WYD Y POLICY JECT Loc OTHER: AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY ANY AUTO CLAIMS-MADE CLAIMS-MADE DED RETENTION S N/A MORORENS CONPENSATION </td <td>ID OR ALT</td> <td>FER THE CO</td> <td>OVERAGE AFFORDED</td> <td>BY THE POLICI</td> <td>IES</td>	ID OR ALT	FER THE CO	OVERAGE AFFORDED	BY THE POLICI	IES
PRODUCER Mourer Foster, Inc 515 N. Capitol Ave. Lansing, MI 48933 Happy Tails Chase Place 4693 Village Court Apt 1 Nashotah, WI 53058 HISURER Happy Tails Chase Place 4693 Village Court Apt 1 Nashotah, WI 53058 INSURER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURACE AFFOREDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE NR TYPE OF INSURANCE MR TYPE OF INSURANCE CALMIS-MADE X OCCUR GENL AGGREGATE LIMIT APPLIES PER: X POLICY PECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS	cy, certain	policies may			
Bits N. Capitol Ave. Lansing, MI 48933 [A/C. No.1 ADDRESS INSURED Insurer Happy Tails Chase Place 4693 Village Court Apt 1 Nashotah, WI 53058 Insurer Insurer COVERAGES CERTIFICATE NUMBER: Insurer Insurer Insurer THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF AN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE ITR TYPE OF INSURANCE NSR TYPE OF INSURANCE IADDI SUBR INSURER POLICY NUMBER A COMMERCIAL GENERAL LIABILITY ADDI SUBR INSURER POLICY NUMBER GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY DCCUR KP107672 AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY ANY PROPRIETIOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N/A MAY PORORERISCUIDED? MYA N/A ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N/A					
EMAIL ADDRESS EMAIL ADDRESS EMAIL ADDRESS EMAIL ADDRESS EMAIL ADDRESS EMAIL ADDRESS EMAIL INSURER Happy Tails Chase Place 4693 Village Court Apt 1 Nashotah, WI 53058 EMSURER INSURER INSURER INSURER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE INSURER INSURER INSURER INSURER INSURER INSURER COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CENTLAGGREGATE LIMIT APPLIES PER: X POLICY	Ext):		FAX (A/C, No):		
INSURED Happy Tails Chase Place 4693 Village Court Apt 1 Nashotah, WI 53058 COVERAGES CERTIFICATE NUMBER: INSURER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE INDICATED. NOTWITHSTANDING ANY PERTAIN. THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE NSR TYPE OF INSURANCE NSD WVD POLICY NUMBER (A CLAIMS-MADE CLAIMS-MADE DED KETENTION NORKERS COMPENSATION AND EMPLOYERS LIABILITY NYA VORKERS COMPENSATION AND EMPLOYERS V/N N/A N/A N/A N/A N/A N/A N/A		mourerfost			
INSURED Happy Tails Chase Place 4693 Village Court Apt 1 Nashotah, WI 53058 COVERAGES CERTIFICATE NUMBER: INSURER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE INDICATED. NOTWITHSTANDING ANY PERTAIN. THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE NSR TYPE OF INSURANCE NSD WVD POLICY NUMBER (A CLAIMS-MADE CLAIMS-MADE DED KETENTION NORKERS COMPENSATION AND EMPLOYERS LIABILITY NYA VORKERS COMPENSATION AND EMPLOYERS V/N N/A N/A N/A N/A N/A N/A N/A	INS	SURER(S) AFFOR	RDING COVERAGE	NAIC	#
Happy Tails Chase Place 4693 Village Court Apt 1 Nashotah, WI 53058 Insurer Insurer Insurer COVERAGES CERTIFICATE NUMBER: Insurer THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE NSR TYPE OF INSURANCE INSD NSR TYPE OF INSURANCE INSD SER CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X OCCUR MUTOMOBILE LIABILITY AUTOS ONLY AUTOS AUTOMOBILE LIABILITY AUTOS ONLY AUTOS AUTOS ONLY AUTOS ONLY AUTOS MUDBRELLA LIAB OCCUR CLAIMS-MADE WORKERS COMPENSATION ANY PROPRIETOR/PARTINER/EXECUTIVE Y/N IN/A N/A	A: Talisma	an Casualty	Insurance Co	15446	
4693 Village Court Apt 1 Nashotah, WI 53058 INSURER INSURER INSURES COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE INSURANCE NSR TYPE OF INSURANCE ADDLISUBR INSURANCE POLICY NUMBER (r A X COMMERCIAL GENERAL LIABILITY POLICY NUMBER (r A X COMMERCIAL GENERAL LIABILITY KP107672 (r GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY KP107672 AUTOMOBILE LIABILITY LOC HRED AUTOS ONLY AUTOS AUTOMOBILE LIABILITY AUTOS ONLY AUTOS AUTOS (r AUTOS ONLY AUTOS ONLY AUTOS (r (r AUTOS ONLY AUTOS CLAIMS-MADE (r (r AUTOS ONLY AUTOS ONLY AUTOS (r (r AUTOS ONLY AUTOS CLAIMS-MADE (r (r (r DED	В:				
Nashotah, WI 53058 INSURER INSURER COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE NSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER (r A COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X COCCUR KP107672 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY JECT LOC Instrument Instrument AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY AUTOS ONLY AUTOS AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY N/A Instrument WORKERS COMPRENSATION CLAIMS-MADE Y/N N/A WORKERS COMPRANTINER/EXECUTIVE Y/N N/A	INSURER C :				
	INSURER D :				
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE INSUMATION CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE INSUMATION CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE INSUMATION CLAIMS-MADE A X COMMERCIAL GENERAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO: JECT GEN'L AGGREGATE LIMIT APPLIES PER: X DOCCUR KP107672 GEN'L AGGREGATE LIMIT APPLIES PER: X OCCUR NON-OWNED AUTOS ONLY AUTOS AUTOS ONLY AUTOMOBILE LIABILITY ANY AUTO SCHEDULED AUTOS ONLY NON-OWNED AUTOS ONLY NON-OWNED AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY NON-OWNED AUTOS ONLY N/A WORRERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N N/A N/A	INSURER E :				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE NSR TYPE OF INSURANCE ADDL SUBP OCCUR A X COMMERCIAL GENERAL LIABILITY GENIL AGGREGATE LIMIT APPLIES PER: X POLICY PROTILICA OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB UMBRELLA LIAB CLAIMS-MADE VORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE V MANDATORY MAND AUTOR OFFICERMEMBER EXCLUDED? MAND AUTOR OFFICERMEMBER EXCLUDED? MAND AUTOR OFFICERMEMBER EXCLUDED? MAND AUTOR ANY PROPRIETOR/PARTNER/EXECUTIVE V/N MAND AUTOR OFFICERMEMBER EXCLUDED? MAND AUTOR OFFICERMEMBER EXCLUDED? MAND AUTOR N/A	F:				
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE ITR TYPE OF INSURANCE ADDISUBA COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE WANTAGON IN MH) If yes, describe under			REVISION NUMBER:		
A X COMMERCIAL GENERAL LIABILITY KP107672 CLAIMS-MADE X OCCUR KP107672 GEN'L AGGREGATE LIMIT APPLIES PER: VOLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY LOC ANY AUTO SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY DED RETENTION \$ VORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? N/A	IY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	ECT TO WHICH TH	HIS
A X COMMERCIAL GENERAL LIABILITY KP107672 CLAIMS-MADE X OCCUR KP107672 GEN'L AGGREGATE LIMIT APPLIES PER: VOLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY LOC ANY AUTO SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY DED RETENTION \$ VORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? N/A	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY MORKERS COMPENSATION AND EMPLOYER'S LIABILITY AND EMPLOYER'S LIABILITY Y/N AND EMPLOYER'S LIABILITY MORKERS COMPENSATION N/A			EACH OCCURRENCE	\$ 2,00	0,000
X POLICY PRO- JECT LOC OTHER:	10/1/2023	10/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 30	0,000
X POLICY PRO- JECT LOC OTHER:			MED EXP (Any one person)	\$	5,000
X POLICY PRO- JECT LOC OTHER:			PERSONAL & ADV INJURY	ф	0,000
OTHER: AUTOMOBILE LIABILITY ANY AUTO SCHEDULED OWNED AUTOS ONLY AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY HIRED CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION Y/N AND EMPLOYERS' LIABILITY Y/N OFFICER/MEMBER EXCLUDED? N/A If yes, describe under N/A			GENERAL AGGREGATE	ф	0,000
AUTOMOBILE LIABILITY ANY AUTO ANY AUTO SCHEDULED QWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY AUTOS ONLY HIRED OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION Y/N AND EMPLOYERS' LIABILITY Y/N OFFICER/MEMBER EXCLUDED? N/A If yes, describe under N/A			PRODUCTS - COMP/OP AGG	\$,	0,000
ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY			ANIMAL BAILEE	\$ 10	0,000
OWNED AUTOS ONLY AUTOS AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N OFFICER/MEMBER EXCLUDED? MADA V/A			COMBINED SINGLE LIMIT (Ea accident)	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under N/A			BODILY INJURY (Per person)	\$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) Y/N If yes, describe under N/A			BODILY INJURY (Per accident)	\$	
EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? Y/N N/A OFFICER/MEMBER EXCLUDED? N/A			PROPERTY DAMAGE (Per accident)	\$	
EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? Y/N N/A OFFICER/MEMBER EXCLUDED? N/A				\$	
DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A If yes, describe under If yes, describe under			EACH OCCURRENCE	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under			AGGREGATE	\$	
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE //N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under			PER OTH-	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under			STATUTE ER		
If yes, describe under			E.L. EACH ACCIDENT	\$	
			E.L. DISEASE - EA EMPLOYEE	\$	
A Equipment Floater KP107672	10/1/2023	10/1/2024	E.L. DISEASE - POLICY LIMIT	\$	1,400
	10/ 1/2023	10/1/2024			1,400
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be a	attached if mor	re space is requir	·ed)		

CERTIFICATE HOLDER	CANCELLATION				
FOR YOUR INFORMATION	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	AUTHORIZED REPRESENTATIVE				
	John Hand				

 $\textcircled{\sc c}$ 1988-2015 ACORD CORPORATION. All rights reserved.